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CONFIRMATION NO. 9056

SERIAL NUMBER 10/825,785	FILING OR 371(c) DATE 04/16/2004 RULE	CLASS 606	GROUP ART UNIT 3734	ATTORNEY DOCKET NO. CHFT.003A
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APPLICANTS

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**** CONTINUING DATA ******* *end*

This appln claims benefit of 60/466,653 04/29/2003 and claims benefit of 60/485,568 07/07/2003
 and claims benefit of 60/488,292 07/18/2003
 and claims benefit of 60/499,946 09/02/2003
 and claims benefit of 60/500,762 09/04/2003
 and claims benefit of 60/512,293 10/17/2003
 and claims benefit of 60/518,270 11/05/2003
 and claims benefit of 60/534,514 01/06/2004 *
 and is a CIP of 10/785,486 02/24/2004 *
 and is a CON of 10/224,659 08/21/2002 PAT 7,025,776 *
 and is a CIP of 10/183,396 06/28/2002 PAT 6,726,696
 and is a CIP of 10/127,714 04/23/2002 ABN
 which claims benefit of 60/286,269 04/24/2001
 and claims benefit of 60/300,892 06/25/2001
 and claims benefit of 60/302,255 06/28/2001
 This application 10/825,785
 claims benefit of 60/500,761 09/03/2003
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS ******* *end*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 08/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged <i>Katherine Jones</i> Examiner's Signature Initials				

ADDRESS

43309

TITLE

Shaping suture for treating congestive heart failure

FILING FEE RECEIVED 486	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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